

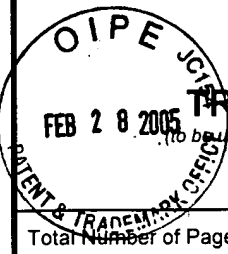
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PTO/SB/21 REV 1 (12/97)

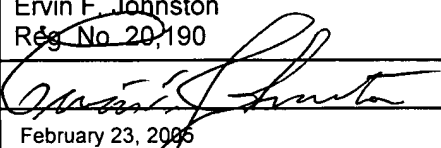
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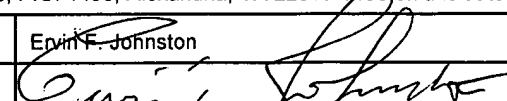
 TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/053,734	
	Filing Date	01/18/2002	
	First Named Inventor	Bergevin et al	
	Examiner Name	Kim	
	Group Art Unit	3729	
Total Number of Pages in This Submission	2 + postcard	Attorney Docket Number	SJO920010017US1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment w/Recordation Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Restriction Requirement	<input type="checkbox"/> Request for Drawing Amendment	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Petition Checklist and Accompanying Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	<u>POSTCARD</u>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence Address	_____
<input type="checkbox"/> PTO Form 1449	<input type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> () cited references		
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> PTO Form 1533		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Ervin F. Johnston Reg. No. 20,190
Signature	
Date	February 23, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450 on this date: <u>February 23, 2005</u>			
Typed or printed name	Ervin F. Johnston		
Signature		Date	February 23, 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of:

Bergevin et al

Serial No.: 10/053,734

Filed: January 18, 2002

For: METHOD OF INITIALIZING HARD
BIAS OF A MAGNETIC HEAD

Group No.: 3729

Examiner: Paul Kim

Docket No. SJO920010017US1

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE TO RESTRICTION REQUIREMENT

In response to the Office Action mailed 01/24/05 the Applicants identify the claims with the following species:

Species A (Figs. 11-12): Claims 1, 8 and 10

Species B (Fig. 13): Claims 1, 2, 9 and 10


Species C (Fig. 14): Claims 1, 2, 3, 4, 5, 6, 7, 10, 11, 12 and 13.

As further required by the Office Action the Applicants elect Species C claims 1-7, 10 and 11-13 without traverse.

Please note that the undersigned's new voice phone number is 808-661-1197.

Should the Examiner have any questions regarding this document he is respectfully requested to contact the undersigned.

Respectfully submitted,


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